STATE OF NEW HAMPSHIRE APPLICATION FOR PERMIT TO DISPLAY CLASS B SPECIAL FIREWORKS

TYPE OR PRINT ALL INFORMATION

SUBMIT IN DUPLICATE

One copy of approved application must be returned to State Police

License Unit, prior to display date.

Date of application
(All applications must be submitted, in duplicate, at least 15 days PRIOR to the intended date of display.)

	NAME OF SPONSOR	ING ORGANIZATI	ON OR INDIVIDUAL		DATE OF BI	RTI
	COMPLETE ADDRES	S OF SPONSOR				
	NAME AND ADDRESS	S OF SPONSOR O	WNER OR PERSON	IN CHARGE. (IF OTH	HER THAN INDIVIDUA	AL)
	INTENDED DATE AND	D TIME OF DISPLA	AY ,			
	NAME AND ADDRESS	0.05.05.000.05	0014541075454			
	NAME AND ADDRESS	S OF PERSON OR	COMPANY FURNISH	HING THE DISPLAY I	MATERIAL	
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	TAME OF COMINANT	1330ING SORET	F BOIND AND AMOUN	IT OF COVERAGE (I	F REQUIRED)	
	NAME AND ADDRESS	S OF OPERATOR	S) WHO WILL FIRE C	OFF THE DISPLAY		
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